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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	AmGUARD Insurance Company
<b>TOI/Sub-TOI:</b>	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
<b>Product Name:</b>	Commercial Auto		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	AmGUARD Insurance Company
Product Name:	Commercial Auto
State:	District of Columbia
TOI:	20.0 Commercial Auto
Sub-TOI:	20.0000 Commercial Auto Combinations
Filing Type:	Form
Date Submitted:	02/07/2020
SERFF Tr Num:	AMGD-132254194
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	2020-05-01-DC-CA UM FORM
Effective Date	05/01/2020
Requested (New):	
Effective Date	05/01/2020
Requested (Renewal):	
Author(s):	Trevor Poremba, Tessa Medeiros, Bill Orasin
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** AmGUARD Insurance Company  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations  
**Product Name:** Commercial Auto  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/07/2020  
State Status Changed: Deemer Date:  
Created By: Trevor Poremba Submitted By: Trevor Poremba  
Corresponding Filing Tracking Number:

### Filing Description:

On behalf of AmGUARD Insurance Company, we are filing form DC UM 0001 03 17, District Of Columbia Selection Of Higher Uninsured Motorists Coverage Limits/Selection Or Rejection Of Uninsured Motorists Coverage.

## Company and Contact

### Filing Contact Information

Trevor Poremba, State Filings trevor.poremba@guard.com  
Representative  
39 Public Square 800-673-2465 [Phone] 4031 [Ext]  
Wilkes-Barre, PA 18703-0020 570-823-3081 [FAX]

### Filing Company Information

AmGUARD Insurance Company	CoCode: 42390	State of Domicile:
39 Public Square	Group Code: 31	Pennsylvania
PO Box A-H	Group Name: Berkshire Hathaway	Company Type: Property and
Wilkes-Barre, PA 18703-0020	Group	Casualty
(800) 673-2465 ext. [Phone]	FEIN Number: 23-2240321	State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		DISTRICT OF COLUMBIA SELECTION OF HIGHER UNINSURED MOTORISTS COVERAGE LIMITS/SELECTION OR REJECTION OF UNDERINSURED MOTORISTS COVERAGE	DC UM 0001	03 17	END	New			DC UM 0001 03 17 - Selection_Rejection Form.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

# DISTRICT OF COLUMBIA SELECTION OF HIGHER UNINSURED MOTORISTS COVERAGE LIMITS/SELECTION OR REJECTION OF UNDERINSURED MOTORISTS COVERAGE

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>
<b>Applicant/Named Insured:</b>	

District of Columbia law permits you to make certain decisions regarding Uninsured and Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

## **A. Optional Selection Of Higher Uninsured Motorists Coverage Limits**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your policy must include Uninsured Motorists Coverage at limits equal to: a single limit of \$55,000 for each accident, UNLESS you select optional higher limits.

We make available the following limits for Uninsured Motorists Coverage that are higher than the limits described above. However, please note that we only make available Uninsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

If you would like to select higher limits for Uninsured Motorists Coverage, please indicate your choice by initialing next to the appropriate item and signing below:

<b>(Initials)</b> _____ <b>I select the following higher limits of Uninsured Motorists Coverage</b> <b>(Select one Combined Single Limit option from the following):</b>		
<b>(Initials)</b>	<b>Combined Single Limit</b>	
	<b>\$ 75,000</b>	
	<b>100,000</b>	
	<b>200,000</b>	
	<b>250,000</b>	
	<b>300,000</b>	
	<b>325,000</b>	
	<b>500,000</b>	
	<b>1,000,000</b>	
<b>(Other)</b>   		
_____ <b>Signature Of Applicant/Named Insured</b>		_____ <b>Date</b>

#### B. Mandatory Offer Of Underinsured Motorists Coverage

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident.

You may purchase Underinsured Motorists Coverage at limits equal to your Uninsured Motorists Coverage limit(s) or you may reject such coverage.

Please indicate your selection by initialing next to the appropriate item and signing below:

<b>(Initials)</b> _____	<b>I select Underinsured Motorists Coverage at limits equal to my Uninsured Motorists Coverage.</b>
<b>OR</b>	
<b>(Initials)</b> _____	<b>I reject Underinsured Motorists Coverage.</b>
_____	
<b>Signature Of Applicant/Named Insured</b>	<b>Date</b>

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Product Name:	Commercial Auto		
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## Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	In Compliance
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	This filing is not being submitted by a third party.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Copy of Trust Agreement
Comments:	This filing does not involve a Group Trust.
Attachment(s):	
Item Status:	
Status Date:	